

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-849909

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1		51	51	51	51	51	51
2	1	1						52	52	52	52	52	52
3	1	1						53	53	53	53	53	53
4	1	1						54	54	54	54	54	54
5	1	1						55	55	55	55	55	55
6								56	56	56	56	56	56
7								57	57	57	57	57	57
8								58	58	58	58	58	58
9								59	59	59	59	59	59
10								60	60	60	60	60	60
11								61	61	61	61	61	61
12								62	62	62	62	62	62
13								63	63	63	63	63	63
14								64	64	64	64	64	64
15								65	65	65	65	65	65
16								66	66	66	66	66	66
17								67	67	67	67	67	67
18								68	68	68	68	68	68
19								69	69	69	69	69	69
20								70	70	70	70	70	70
21								71	71	71	71	71	71
22								72	72	72	72	72	72
23								73	73	73	73	73	73
24								74	74	74	74	74	74
25								75	75	75	75	75	75
26								76	76	76	76	76	76
27								77	77	77	77	77	77
28								78	78	78	78	78	78
29								79	79	79	79	79	79
30								80	80	80	80	80	80
31								81	81	81	81	81	81
32								82	82	82	82	82	82
33								83	83	83	83	83	83
34								84	84	84	84	84	84
35								85	85	85	85	85	85
36								86	86	86	86	86	86
37								87	87	87	87	87	87
38								88	88	88	88	88	88
39								89	89	89	89	89	89
40								90	90	90	90	90	90
41								91	91	91	91	91	91
42								92	92	92	92	92	92
43								93	93	93	93	93	93
44								94	94	94	94	94	94
45								95	95	95	95	95	95
46								96	96	96	96	96	96
47								97	97	97	97	97	97
48								98	98	98	98	98	98
49								99	99	99	99	99	99
50								100	100	100	100	100	100
TOTAL IND.	1	1											
TOTAL DEP.	1	1											
TOTAL CLAIMS	1	1											